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COMMONWEALTH OF PENNSYLVANIA INSURANCE DEPARTMENT

Insurance Premium Finance Company Application

Type or Print - Complete All Necessary Information To the Insurance Commissioner of the Commonwealth of Pennsylvania: Application is hereby made for a license under the Act of Assembly of the Commonwealth of Pennsylvania, No. 224, approved the nineteenth day of December, A.D. 1984 Employer Identification Number: Place of Incorporation: Incorporation/Formation Date: (mm/dd/yy) Full Legal Name of Applicant: Place of Business: Street (Required) (If applicable, include P.O. City State Zip Code Affiliate: (If applicant is affiliated with a current licensee under the Insurance Premium Finance Act, insert the name below) Capitalization (Minimum of \$50,000 for Authorized, Subscribed and Paid-In Capital): Authorized Capital Subscribed Capital Paid-In Capital \$ Share Value of the Stock of the Corporation is \$ (State par value of all classes. State book value on shares without par.) Business Telephone Number: Business Fax Number: Business Email Address: Management: (List all officers of the corporation) President Vice President Treasurer Secretary Office Manager

IDDC-20 (Page 2 of 3) Employer Identification Number: -Directors: (Attach a separate sheet if necessary) Name Shares Owned BACKGROUNDINFORMATION YES NO HAS ANY OFFICER, DIRECTOR, MANAGER, EMPLOYEE, PRODUCER OR ANY PERSON OWNING TWENTY PERCENT (20%) OR MORE OF THE STOCK OF THE APPLICANT CORPORATION, OR ANY AFFILIATE OF THE APPLICANT CORPORATION, AT ANY TIME, PLEADED GUILTY, PLEADED NOLO CONTENDERE OR HAS BEEN FOUND GUILT Y BY A JUDGE OR A JURY FOR VIOLATION OF ANY LAW OF PENNSYLVANIA OR ELSEW HE RE (EXCLUDINGMOTOR VEHICLET RAFFIC LAWS)? (If yes, provide a full explanation on a separate sheet of paper.) HAS ANY OFFICER, DIRECTOR, MANAGER, EMPLOYEE, PRODUCER OR ANY PERSON OWNING TWENTY PERCENT (20%) OR MORE OF THE STOCK OF THE APPLICANT CORPORATION, OR ANY AFFILIATE OF THE APPLICANT CORPORATION, EVER BEEN ASSOCIATED IN ANY CAPACITY WITH A MONEY LENDING ORGANIZATION IN THIS COMMONWEALTH OR ELSEWHERE WHOSE APPLICATION FOR LICENSE WAS REJECTED OR WHOSE LICENSE WAS SUSPENDED, CANCELED OR REVOKED? (If yes, give date, name, and address of court, basis, and outcome.) IS THE APPLICANT OWNED OR CONTROLLED, DIRECTLY OR INDIRECTLY, BY AN INSURANCE COMPANY? (If yes, complete the following:) Name of Insurance Company: Main Office Address: Relationship to Applicant: IS ANY OFFICER, DIRECTOR, STOCKHOLDER, EMPLOYEE OR PRODUCER OF THE APPLICANT AN OFFICER, DIRECT OR, STOCKHOLDER, EMPLOYEE OR PRODUCER OF AN INSURANCE COMPANY? (If yes, complete the following:) Name of Insurance Company: Main Office Address: Relationship to Applicant: IS THE APPLICANT OR ANY OFFICER, DIRECTOR, STOCKHOLDER, EMPLOYEE OR PRODUCER OF THE APPLICANT LICENSED AS AN INSURANCE PRODUCER IN THIS COMMONWEALTH? (If yes, complete the following:) Licensed Name: Licensed Address:

Number and Street

City

State

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Employer Identification Number:	
Power of Attorney (for corporations only): The applicant, in pursuance of action taken at a regular meeting of the Board of Directors, does hereby appoint:	
Full Name Residence Address	Post Office
(Resident Agent must be an individual residing in Pennsylvania)	
its true and lawful attorney and authorized agent upon whom all lawful process in any proceeding against it may be served and agrees that service of process on its attorney or agent herein named shall be of the same legal force and validity as if served upon it, the said corporation, and the authority for such service and process shall continue in force as long as any liability remains outstanding against it in the Commonwealth of Pennsylvania	
APPLICANT'S CERTIFICATION	
I do hereby certify under penalty of perjury that the foregoing statements and information are true and correct and that any license issued in consequence hereof shall be contingent upon the truth of these statements. Furthermore, I confirm that I understand fully the insurance laws and regulations of Pennsylvania regarding insurance premium finance company activities. (NO TE: False statements may result in criminal penalties, administrative enforcement action, or all of the aforementioned.)	
Notary Seal	
	Officer/Partner Signature
Subscribed and sworn before me on this	
day of,20	Officer/Partner Name (print or type)
Signature	
Commission Expires:	Officer/Partner Title (print or type)

REV. 07/2013